

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <span style="font-size: 1.2em;">10/608533</span>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.	3		3		3			
TOTAL DEP.	15		39		37			
TOTAL CLAIMS	18		42		40			